Application Data Sheet APPLICATION INFORMATION

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Application Number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks:	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF))?:: No
Number of Copies of CRF::	
Title::	HOME NETWORK MEDIA SERVER WITH A
	JUKEBOX FOR ENHANCED USER EXPERIENCE
Attorney Docket Number::	224257
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	2
Total Drawing Sheets::	4
Small Entity?::	No
Latin Name::	
Variety denomination name::	
Petition Included?::	No ·
Petition Type::	
Licensed US Govt. Agency::	

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APPLICANT INFORMATION

Applicant Authority Type:: Inventor

US Primary Citizenship Country::

Status:: **Full Capacity**

Given Name:: Salim

Middle Name:: S.

Family Name:: **AbiEzzi**

Name Suffix::

City of Residence:: Sammamish

State or Prov. of Residence:: Washington

Country of Residence:: US

2217 204th Place NE Street of mailing address::

City of mailing address:: Sammamish

State or Province of mailing address:: Washington

US Country of mailing address::

Postal or Zip Code of mailing address:: 98074

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: **Full Capacity**

Given Name:: Ralph Middle Name:: Allen

Name Suffix::

Family Name::

City of Residence:: Yarrow Point State or Prov. of Residence::

Country of Residence:: US

9000 NE 42nd Street Street of mailing address::

Lipe

Washiington

City of mailing address:: Yarrow Point

State or Province of mailing address:: Washington

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98004

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CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 38887

Phone:: (312) 616-5600

Fax:: (312) 616-5700

E-mail Address:: mail@leydig.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 38887

Representative Designation:: Registration Number:: Representative Name::

DOMESTIC PRIORITY INFORMATION

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

FOREIGN APPLICATION INFORMATION

Country:: Application Number:: Filing Date:: Priority Claimed

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ASSIGNEE INFORMATION

Assignee name:: Microsoft Corporation

Street of mailing address:: One Microsoft Way

City of mailing address:: Redmond

State or Province of

mailing address:: Washington

Country of mailing

address:: US

Postal or Zip Code of

mailing address:: 98052

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